

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31440			
1. Entity Name CEDAR BAY GENERATING COMPANY, LIMITED PARTNERSHIP			
Principal Place of Business 9694 EASTPORT ROAD JACKSONVILLE, FL 32218		Mailing Address P. O. BOX 26324 JACKSONVILLE, FL 32226	
2. Principal Place of Business 9405 Arrowpoint Blvd.		3. Mailing Address 9405 Arrowpoint Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Charlotte, NC		City & State Charlotte, NC	
Zip 28273-8110	Country USA	Zip 28273-8110	Country USA
4. FEI Number 52-1791289		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$1,600,020.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,600,020.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P33621 CEDAR BAY COGENERATION, INC. 7600 WISCONSIN AVENUE BETHESDA, MD 208143657	STREET ADDRESS CITY-ST-ZIP	9405 Arrowpoint Blvd. Charlotte, NC 28273-8110
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000001526 CEDAR II POWER CORPORATION 9405 ARROWPOINT BOULEVARD CHARLOTTE, NC 282738110	STREET ADDRESS CITY-ST-ZIP	600055723386 06/06/05--01006--008 **526.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: <i>Phyllis K. Green</i>		Date: 4-27-2005 Daytime Phone #: 704-525-3800	

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